

SCANNED

#1-13697

115 MAYSIDE AVENUE

WEST SPRINGFIELD

BWSC Records Retention Check List

Date File Segregated: 4-3-09

Region: **1** RTN : 1-0013697 Notification Date: 11/22/2000

Closing Action: RAORCD A2 Date: 11/7/2001

Site Name/Location Aid: FORMER COMMERCIAL DISPOSAL

Address: 115 WAYSIDE AVE, WEST SPRINGFIELD

RAO Check Remd ue

DEP Box #

SRC Box #

SCANNED

Permanent Record

☒ Notification Records -- circle document(s): RNF RLF RLFA

☐ Response Action Outcome -- circle type: Class A Class B

☐ Activity and Use Limitation

☐ No Further Action (NFA) Submittal

☐ Waiver Completion Statement

☐ LSP Evaluation Opinion -- circle type: NDS NFA

☐ Notice of Audit Findings (NOFA)

☐ Level 1

☐ Level 2

☐ Level 3

☐ Audit Follow Up Plan and Post Audit Completion Statement

☐ Correspondence -- circle document(s): NOR, NORA, NON, PAN, ACOP, UAO,

☐ Other

☐ Phase I Initial Site Investigation

☐ Phase II-Comprehensive Site Assessment

BWSC Records Retention Check List

Records Storage Center

_____ Appendices in support of permanent records:

_____ Analytical Data – Type: _____

_____ Boring Logs

_____ Other

_____ Phase III-Comprehensive Remedial Action Alternatives

_____ Phase IV-Implementation of Selected Remedial Action

_____ Phase V-Operation, Maintenance and/or Monitoring

~~_____~~ IRA – circle submittal(s): Plan Status Report Completion Report

_____ RAM -- circle submittal(s): Plan Status Report Completion Report

_____ URAM -- circle submittal(s): Plan Status Report Completion Report

~~_____~~ Bill of Lading (BOL)

_____ Tier 1 Permit – circle submittal(s): Application Extension

_____ Tier Classification – circle submittal(s): Tier Classification Tier II Extension

_____ Special Project Designation -- Application

_____ Transition Permit

_____ Waiver Application

_____ Public Involvement Records



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-104

455

RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRADIANT PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

1

13691

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

A. SITE OR DOWNGRADIANT PROPERTY LOCATION:

Site Name: (optional) _____

Street: 115 Wayside Avenue

Location Aid: _____

City/Town: West Springfield

ZIP: 01089-0000

Code: _____

☐ Check here if this Site location is Tier
Classified.

If a Tier I Permit has been issued, state the Permit
Number: _____

Related Release Tracking Numbers that this Form
Addresses: _____

1-13747

If submitting an RAO Statement, you must document the location of the Site or the location and boundaries of the Disposal Site subject to this Statement. If submitting an RAO Statement for a PORTION of a Disposal Site, you must document the location and boundaries for both the portion subject to this submittal and, to the extent defined, the entire Disposal Site. If submitting a Downgradient Property Status Submittal, you must provide a site plan of the property subject to the submittal and, to the extent defined, the Disposal Site.

B. THIS FORM IS BEING USED TO: (check all that apply)

☒ Submit a Response Action Outcome (RAO) Statement (complete Sections A, B, C, D, E, F, H, I, J and L).

☐ Check here if this is a revised RAO Statement. Date of Prior
Submittal: _____

☐ Check here if any Response Actions remain to be taken to address conditions associated with any of the Releases whose Release
Tracking Numbers are listed above. This RAO Statement will record only an RAO-Partial Statement for those Release Tracking
Numbers.

Specify Affected Release Tracking
Numbers: _____

☐ Submit an optional Phase I Completion Statement supporting an RAO Statement or Downgradient Property Status Submittal
(complete Sections A, B, H, I, J, and L).

☐ Submit a Downgradient Property Status Submittal (complete Sections A, B, G, H, I, J and K).

☐ Check here if this is a revised Downgradient Property Status
Submittal.

Date of Prior
Submittal: _____

☐ Submit a Termination of a Downgradient Property Status Submittal (complete Sections A, B, I, J and L).

☐ Submit a Periodic Review Opinion evaluating the status of a Temporary Solution (complete Sections A, B, H, I, J
and L).

Specify one: ☐ For a Class C RAO ☐ For a Waiver Completion Statement indicating a Temporary
Solution

Provide Submittal Date of RAO Statement or Waiver Completion
Statement: _____

You must attach all supporting documentation required for each use of form indicated, including copies of
any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

☐ Assessment and/or Monitoring Only

☒ Removal of Contaminated Soils

☒ Re-use, Recycling or Treatment

☐ On Site ☒ Off Site Est. Vol.: 250 cubic yards

Describe: _____

☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: _____ cubic yards

☐ Removal of Drums, Tanks or Containers

Describe: _____

☐ Removal of Other Contaminated Media

Specify Type and
Volume: _____

☐ Other Response Actions

Describe: _____

☐ Deployment of Absorbant or Contaminant
Materials

☐ Temporary Covers or Caps

☐ Bioremediation

☐ Soil Vapor
Extraction

☐ Structure Venting System

☐ Product or NAPL
Recovery

☐ Groundwater Treatment
Systems

☐ Air Sparging

☐ Temporary Water Supplies

☐ Temporary Evacuation or Relocation of
Residents

☐ Fencing and Sign Posting

SECTION C IS CONTINUED ON THE NEXT PAGE.



**RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRADE PROPERTY STATUS TRANSMITTAL FORM**

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

C. DESCRIPTION OF RESPONSE ACTIONS: (continued)

- ☐ Check here if any Response Action(s) that serve as the basis for this RAO Statement involve the use of Innovative Technologies. (DEP is interested in using this information to create an Innovative Technologies Clearinghouse.)

Describe
Technologies: _____

D. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste was sent to an off-site facility, answer the following questions)

Name of Facility: Theodore Ondricks Company, LLC

Town and State: Chicopee, MA

Quantity of Remediation Waste Transported to Date: 428.28

E. RESPONSE ACTION OUTCOME CLASS:

Specify the Class of Response Action Outcome that applies to the Site or Disposal Site. Select **ONLY** one Class:

- ☐ **Class A-1 RAO:** Specify one of the following:
- ☐ Contamination has been reduced to background levels. ☐ A Threat of Release has been eliminated.
- ☒ **Class A-2 RAO:** You **MUST** provide justification that reducing contamination to background levels is infeasible.
- ☐ **Class A-3 RAO:** You **MUST** provide both an implemented Activity and Use Limitation (AUL) and justification that reducing contamination to background levels is infeasible.
- If applicable, provide the earlier of the AUL expiration date or date the design life of the remedy will end: _____
- ☐ **Class B-1 RAO:** Specify one of the following:
- ☐ Contamination is consistent with background levels ☐ Contamination is **NOT** consistent with background levels.
- ☐ **Class B-2 RAO:** You **MUST** provide an implemented AUL.
- If applicable, provide the AUL expiration date: _____
- ☐ **Class C RAO:** ☐ Check here if you will conduct post-RAO Operation, Maintenance and Monitoring at the Site.
- Specify One: ☐ Passive Operation and Maintenance ☐ Monitoring Only
- ☐ Active Operation and Maintenance (defined at 310 CMR 40.0006)

F. RESPONSE ACTION OUTCOME INFORMATION:

- ☒ If an RAO Compliance Fee is required, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment.

- ☐ Check here if submitting one or more AULs. You must attach an AUL Transmittal Form (BWSC-113) and a copy of each implemented AUL related to this RAO Statement. Specify the type of AUL(s) below: (required for all Class A-3 RAOs and Class B-2 RAOs)

☐ Notice of Activity and Use Limitation

☐ Grant of Environmental Restriction

Number of AULs
attached: _____

Specify the Risk Characterization Method(s) used to achieve the RAO described above and all Soil and Groundwater Categories applicable to the Site.

More than one Soil Category and more than one Groundwater Category may apply at a Site.
Be sure to check off all APPLICABLE categories, even if more stringent soil and groundwater standards were met.

Risk Characterization Method(s)
Used:

☒ Method 1

☐ Method 2

☐ Method 3

Soil Category(ies) Applicable:

☐ S-1

☐ S-2

☒ S-3

Groundwater Category(ies) Applicable:

☐ GW-1

☐ GW-2

☒ GW-3

> When submitting any Class A-1 RAO or a Class B-1 RAO where contamination is consistent with background levels, do NOT specify a Risk Characterization Method.

> When submitting any Class A-2 RAO or a Class B-1 RAO where contamination is NOT consistent with background levels, you cannot use an AUL to maintain a level of no significant risk. Therefore, you must meet S-1 Soil Standards, if using Risk Characterization Method 1.



RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRAIDENT PROPERTY STATUS TRANSMITTAL FORM

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

G. DOWNGRAIDENT PROPERTY STATUS SUBMITTAL:

☐ If a Downgradient Property Status Submittal Compliance Fee is required, check here to certify that the fee has been submitted. You **MUST** attach a photocopy of the payment.

☐ Check here if a Release(s) of Oil or Hazardous Material(s), other than that which is the subject of this submittal, has occurred at this property.

Release Tracking
Number(s):

☐ Check here if the Releases identified above require further Response Actions pursuant to 310 CMR 40.0000.

Required documentation for a Downgradient Property Status Submittal includes, but is not limited to, copies of notices provided to owners and operators of both upgradient and downgradient abutting properties and of any known or suspected source properties.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B indicates that a **Downgradient Property Status Submittal** is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii)

is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in 310 CMR 40.0183(2)(b), and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B indicates that either an **RAO Statement, Phase I Completion Statement and/or Periodic Review Opinion** is being provided, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you **MUST** attach a statement identifying the applicable provisions thereof.

LSP Name: Kevin C. Sheehan LSP #: 4813 Stamp:

Telephone: 413-789-3530 Ext.: _____

FAX:
(optional)

Signature: [Signature]

Date: 11/19/01



I. PERSON MAKING SUBMITTAL:

Name of Organization: T. Works, Inc.

Name of Contact: Robert Townsend Title: Owner

Street: 13 Southbridge Street

City/Town: Agawam State: MA ZIP Code: 01001-0000

Telephone: 413-789-7794

Ext.: _____

FAX:

(optional)

J. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL: (check one)

☒ RP or PRP Specify: ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Submitting This Form Specify Relationship: _____



**RESPONSE ACTION OUTCOME (RAO) STATEMENT &
DOWNGRAIDENT PROPERTY STATUS TRANSMITTAL FORM**

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0180 (Subpart B), 40.0580 (Subpart E) & 40.1056 (Subpart J)

K. CERTIFICATION OF PERSON SUBMITTING DOWNGRAIDENT PROPERTY STATUS SUBMITTAL:

I, _____, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form; (ii) that, based on my inquiry of the/those individual(s) immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge, information and belief, true, accurate and complete; (iii) that, to the best of my knowledge, information and belief, I/the person(s) or entity(ies) on whose behalf this submittal is made satisfy(ies) the criteria in 310 CMR 40.0183(2); (iv) that I/the person(s) or entity(ies) on whose behalf this submittal is made have provided notice in accordance with 310 CMR 40.0183(5); and (v) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is/are aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: _____ Title: _____
(signature)

For _____ Date: _____
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State _____ ZIP Code: _____

Telephone: _____ Ext. _____ FAX: (optional) _____

L. CERTIFICATION OF PERSON MAKING SUBMITTAL:

If you are completing only a Downgradient Property Status Submittal, you do not need to complete this section of the form.

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: Robert Townsend Title: Owner
(signature)

For T. Work, Inc. Date: 12/30/07
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State _____ ZIP Code: _____

Telephone: _____ Ext. _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

484

IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking
Number 13697
1 - 13694

A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name:
(optional)

Street: 115 Wayside Avenue

Location Aid:

City/Town: West Springfield

ZIP Code: 01089-0000

- ☐ Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.
- ☐ Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.
- Specify Program: ☐ CERCLA ☐ HSWA Corrective Action ☐ Solid Waste Management ☐ RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA Addresses: 1-13747

B. THIS FORM IS BEING USED TO: (check all that apply)

- ☐ Submit an **IRA Plan** (complete Sections A, B, C, D, E, H, I, J and K).
- ☐ Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: _____
- ☐ Submit an **Imminent Hazard Evaluation** (complete Sections A, B, C, F, H, I, J and K).
- ☐ Submit an **IRA Status Report** (complete Sections A, B, C, E, H, I, J and K).
- ☐ Submit a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** (complete Sections A, B, C, D, E, H, I, J and K).
- ☒ Submit an **IRA Completion Statement** (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT

Identify Media and Receptors Affected: (check all that apply)

- ☐ Air ☐ Groundwater ☐ Surface Water ☐ Sediments ☒ Soil
- ☐ Wetland ☐ Storm Drain ☐ Paved Surface ☐ Private Well ☐ Public Water Supply ☐ Zone 2 ☐ Residence
- ☐ School ☐ Unknown ☐ Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply)

- ☒ 72 Hour Reporting Condition(s) ☐ Substantial Release Migration ☐ Other Condition(s)

Describe UST failed tank system testing

Identify Oils and Hazardous Materials Released: (check all that apply)

- ☐ Others Specify: _____ ☒ Oils ☐ Chlorinated Solvents ☐ Heavy Metals

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

- ☐ Assessment and/or Monitoring Only
- ☒ Excavation of Contaminated Soils
- ☒ Re-use, Recycling or Treatment
- ☐ On Site ☒ Off Site Est. Vol.: 200 cubic yards
- Describe: _____
- ☐ Store ☐ On Site ☐ Off Site Est. Vol.: _____ cubic yards
- ☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: _____ cubic yards
- ☐ Removal of Drums, Tanks or Containers
- Describe: _____
- ☐ Deployment of Absorbent or Containment Materials
- ☐ Temporary Covers or Caps
- ☐ Bioremediation
- ☐ Soil Vapor Extraction
- ☐ Structure Venting System
- ☐ Product or NAPL Recovery
- ☐ Groundwater Treatment Systems
- ☐ Air Sparging
- ☐ Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



**IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM**

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart
B)

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

☐ Removal of Other Contaminated Media

Specify Type and
Volume: _____

☐ Temporary Evacuation or Relocation of
Residents

☐ Fencing and Sign Posting

☐ Other Response Actions Describe _____

☐ Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).

Describe
Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: Theodore Ondricks Company, LLC

Town and State: Chicopee, MA

Quantity of Remediation Waste Transported to Date: 428.28

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

☐ Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.

☐ Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

☐ Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

484

IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM

Release Tracking
Number

1

13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

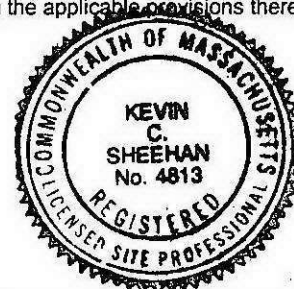
LSP Name: Kevin C. Sheehan LSP #: 4813 Stamp:

Telephone: 413-789-3530 Ext.: _____

FAX:
(optional)

Signature: [Signature]

Date: 4/6/01



I. PERSON UNDERTAKING IRA:

Name of Organization: T. Works, Inc.

Name of Contact: Robert Townsend Title: Owner

Street: 13 Southbridge Street

City/Town: Agawam State: MA ZIP Code: 01001-0000

Telephone: 413-789-7794 Ext.: _____ FAX: _____
(optional)

☐ Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

☒ RP or PRP Specify ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Owner
(signature)

For T. Works, Inc. Date: 10/30/01
(print name of person or entity recorded in Section I)

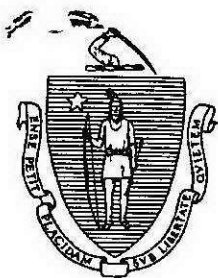
Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: _____
(optional)

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Western Regional Office

FILE COPY

JANE SWIFT
Governor

BOB DURAND
Secretary

LAUREN A. LISS
Commissioner

TRAILER WORKS INC
13 SOUTHBRIDGE DRIVE
AGAWAM, MA 01001-0000

Attn: ROBB TOWNSEND

September 14, 2001

RTN: 1-0013697

Site name: 115 WAYSIDE AVENUE
City: WEST SPRINGFIELD
Date of Release Notification: 11/22/2000
Release Type: TWO HR
Oil

RE: Deadline Approaching

Dear ROBB TOWNSEND,

This is a reminder that 11/22/2001 is the one-year deadline for you to submit important information to the Department of Environmental Protection (DEP).

You are listed in DEP's records as a "potentially responsible party" (PRP). This means that DEP has reason to believe that you are responsible for cleaning up the release of oil and/or hazardous materials at the disposal site (the site) listed above. The Massachusetts Contingency Plan (the MCP), 310 CMR 40.0000, requires that, as a PRP, you submit important information to DEP about this disposal site within one year of notification to DEP of the release. **This one-year deadline is about to expire.**

The MCP allows one-year from the time DEP was notified of, or discovered this release or threat of release, for you to complete certain investigations and/or cleanup actions at this site. Specifically, within this one-year period, the MCP requires you to submit to DEP one of the following documents:

- Response Action Outcome (RAO) Statement, or
- Tier Classification Submittal

If your property is downgradient of the source of the release you may (but are not required to) file a Downgradient Property Status (DPS) Submittal, instead of an RAO Statement or Tier Classification Submittal. A complete and properly supported DPS Submittal *stops* the regulatory clock for cleanup of the site, but only for the person who submitted it. However, even if you file a DPS Submittal, you are still obligated to perform certain response actions to prevent direct contact with contaminants or to address other time critical site conditions.



As of the date of this letter, DEP has not received any of the above-listed submittals (see the attachment for more information about each of these submittals). You should have already employed a Licensed Site Professional (LSP) to investigate and cleanup the release at this site. LSPs are professionals licensed by the Commonwealth of Massachusetts to manage, supervise, direct, and/or oversee site investigations and cleanups. Your LSP can help you learn more about your specific obligations for your site. If you have not retained an LSP, you will need to hire one to prepare and submit an RAO or Tier Classification. A list of LSPs may be obtained through the Internet at <http://www.state.ma.us/lsp/lsphome.htm> or by calling the LSP Board at (617) 556-1091.

Please note that if you fail to submit an RAO Statement, Tier Classification Submittal or a DPS Submittal to DEP by the deadline mentioned above:

- This site will be deemed default Tier IB Disposal Site (for fee purposes only). Unless you fall within limited exceptions, you will be assessed a Tier IB Annual Compliance Fee of \$2600 for response actions that you carried out the first year. You will also be assessed an additional \$2600, thereafter, for every year response actions are conducted until you submit an RAO to DEP), and
- Enforcement actions may be initiated against you through DEP's Civil Administrative Penalty Regulations (310 CMR 5.00). The law provides for administrative penalties of up to \$25,000 per day for certain violations of the MCP. **If you fail to file an RAO Statement or Tier Classification Submittal you will be issued a Notice of Noncompliance (NON) by DEP. If you don't comply with the NON, you will be subject to a penalty of \$1,000 per day until such time as you comply with the MCP.** Therefore, it is in your best interest to provide DEP with one of the required submittals before your one-year deadline expires.

If you elect to address a Release Condition as part of Comprehensive Response Actions planned for a Site that has already Tier Classified under a different Release Tracking Number (RTN), you must notify DEP using the appropriate submittal before the one-year deadline of the Release Condition. If you can submit an Immediate Response Action (IRA) Completion Statement prior to the deadline date, the linkage should be noted on that transmittal form (BWSC-105). If an IRA Completion Statement either can not be submitted by the deadline date, or is not applicable, a Tier Classification Transmittal Form (BWSC-107) must be submitted noting the linkage. Future Comprehensive Response Actions must occur according to the deadlines applicable to the earliest RTN (the primary RTN). If an ongoing IRA is required to address the Release Condition, the appropriate IRA submittals are still required.

If the appropriate submittal has already been filed for your site, please disregard this letter. An RAO, Tier Classification, and DPS Submittal each require the stamp and signature of an LSP to confirm that response actions have been conducted in compliance with the MCP.

You and your LSP may obtain copies of all DEP forms and applications through the DEP web site: www.state.ma.us/dep/bwsc/files/forminfo.htm, or by contacting your DEP regional service center.

Enclosed please find the "MCP First Year Compliance Fact Sheet". It explains in more detail the information you must submit to DEP by the site's one-year deadline to comply with the MCP.

Yours truly,



Alan Weinberg, Deputy Regional Director
Western Regional Office
Bureau Waste Site Cleanup

CC: data entry/file
LSP of Record
MCP - fact sheet



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

DEP BWSC-102B

Release Tracking Number

1 - 13697

RELEASE LOG FORM ATTACHMENT

E. LOG/RELEASE LOCATION INFORMATION: (complete if using BWSC-102B only)

City/Town: W. SPENCER Date: 4/24/01 Time: 1:55 ☐ AM ☒ PM

Release Address: 11 WAYSIDE AVE.

Use of Attachment (check one): ☐ Amendment to Release Log Form ☐ Attachment Page(s): 1 of 1

F. INSPECTIONS OR SITE VISITS (also Follow-up Office Response): (check one)

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial Compliance Field Response - Announced | <input type="checkbox"/> Initial Compliance Field Response - Unannounced | |
| <input type="checkbox"/> Compliance Field Response - Announced | <input type="checkbox"/> Compliance Field Response - Unannounced | <input type="checkbox"/> Short Notice Audit Inspection |
| <input type="checkbox"/> Field Response - Direct Oversight | <input type="checkbox"/> Follow-up or Other Field Response | <input checked="" type="checkbox"/> Follow-up Office Response |

G. ADDITIONAL DESCRIPTION:

ON 4/24/01 AT 1:55 PM I RECEIVED A CALL FROM
CHARLIE PARENT, EC5 (413-789-3530).

MR. PARENT REQUESTED THE INCREASE FROM 100 CU
YDS. TO 250 CU YDS. FOR AN IIA SOIL EXCAVATION.

THE REQUESTED WAS APPROVED.

H. DEP ASSIGNMENT: (complete if using BWSC-102A and 102B or BWSC-102B only)

Preparer of RLFA (please print): BOB THERIAULT Signature: B. Theriault

Staff Lead Assigned (if different from preparer): _____

- ☐ Check here if the Release or Threat of Release is unassigned.
☐ Check here if this RLFA records a change in staff lead.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

423

IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart

A. RELEASE OR THREAT OF RELEASE LOCATION:

1-13697

Release Name:
(optional)

Street: 115 Wayside Avenue

Location Aid:

City/Town: West Springfield

ZIP: 01089-0000

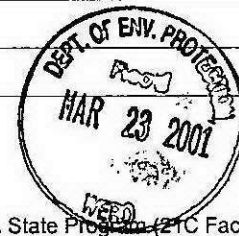
Code:

☐ Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.

☐ Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.

Specify Program: ☐ CERCLA ☐ HSWA Corrective Action ☐ Solid Waste Management ☐ RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA
Addresses:



B. THIS FORM IS BEING USED TO: (check all that apply)

☐ Submit an IRA Plan (complete Sections A, B, C, D, E, H, I, J and K).

☐ Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: _____

☐ Submit an Imminent Hazard Evaluation (complete Sections A, B, C, F, H, I, J and K).

☒ Submit an IRA Status Report (complete Sections A, B, C, E, H, I, J and K).

☐ Submit a Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard (complete Sections A, B, C, D, E, H, I, J and K).

☐ Submit an IRA Completion Statement (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT

IRA: Identify Media and Receptors Affected: (check all that apply)

☐ Air ☐ Groundwater ☐ Surface Water ☐ Sediments ☒ Soil

☐ Wetland ☐ Storm Drain ☐ Paved Surface ☐ Private Well ☐ Public Water Supply ☐ Zone 2 ☐ Residence

☐ School ☐ Unknown ☐ Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply)

☒ 72 Hour Reporting Condition(s) ☐ Substantial Release Migration ☐ Other Condition(s)

Describe UST failed tank system testing

Identify Oils and Hazardous Materials Released: (check all that apply)

☒ Oils ☐ Chlorinated Solvents ☐ Heavy Metals

☐ Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

☐ Assessment and/or Monitoring Only

☐ Excavation of Contaminated Soils

☐ Re-use, Recycling or Treatment

☐ On Site ☐ Off Site Est. Vol.: _____ cubic yards

Describe: _____

☐ Store ☐ On Site ☐ Off Site Est. Vol.: _____ cubic yards

☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: _____ cubic yards

☐ Removal of Drums, Tanks or Containers

Describe Removal of Tank - Spring 2001

☐ Deployment of Absorbent or Containment Materials

☐ Temporary Covers or Caps

☐ Bioremediation

☐ Soil Vapor Extraction

☐ Structure Venting System

☐ Product or NAPL Recovery

☐ Groundwater Treatment Systems

☐ Air Sparging

☐ Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

423

IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM

Release Tracking
Number

1 - 13691

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

☐ Removal of Other Contaminated Media

Specify Type and
Volume: _____

☐ Temporary Evacuation or Relocation of
Residents

☐ Fencing and Sign Posting

☐ Other Response Actions Describe _____

☐ Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).

Describe
Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of
Facility: _____

Town and
State: _____

Quantity of Remediation Waste Transported to
Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

☐ Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.

☐ Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.

☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

☐ Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition
Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105
423

IMMEDIATE RESPONSE ACTION (IRA)
TRANSMITTAL FORM

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

Release Tracking
Number

1 - 13691

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable order(s), permit(s) and/or approval(s).

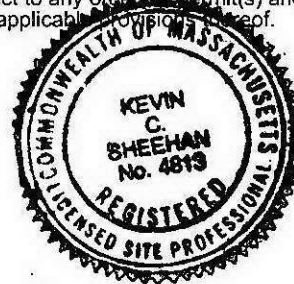
LSP Name: Kevin C. Sheehan LSP #: 4813 Stamp:

Telephone 413-789-3530 Ext.: _____

FAX: _____
(optional)

Signature: [Signature]

Date: 3/23/01



I. PERSON UNDERTAKING IRA:

Name of Organization: T Works Realty Group

Name of Contact: Robert Townsend Title: Owner

Street: 13 Southbridge Street

City/Town: Agawam State: MA ZIP Code: 01001-0000

Telephone: 413-789-7794 Ext.: _____ FAX: _____
(optional)

☐ Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

☒ RP or PRP Specify ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Owner
(signature)

For T Works Realty Group Date: 3/21/2001
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: _____
(optional)

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

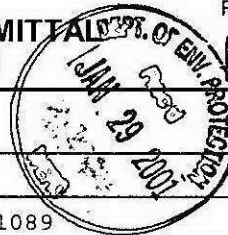


Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL FORM
Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

BWSC-105
416
Release Tracking Number

1-13697



A. RELEASE OR THREAT OF RELEASE LOCATION:

Release Name: (optional) _____

Street: 115 Wayside Avenue

Location Aid: _____

City/Town: West Springfield

ZIP Code: 01089

☐ Check here if a Tier Classification Submittal has been provided to DEP for this Release Tracking Number.

☐ Check here if this location is Adequately Regulated, pursuant to 310 CMR 40.0110-0114.

Specify Program: ☐ CERCLA ☐ HSWA Corrective Action ☐ Solid Waste Management ☐ RCRA State Program (21C Facilities)

Related Release Tracking Numbers That This IRA Addresses: _____

B. THIS FORM IS BEING USED TO: (check all that apply)

☒ Submit an **IRA Plan** (complete Sections A, B, C, D, E, H, I, J and K).

☐ Check here if this IRA Plan is an update or modification of a previously approved written IRA Plan. Date Submitted: _____

☐ Submit an **Imminent Hazard Evaluation** (complete Sections A, B, C, F, H, I, J and K).

☐ Submit an **IRA Status Report** (complete Sections A, B, C, E, H, I, J and K).

☐ Submit a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** (complete Sections A, B, C, D, E, H, I, J and K).

☐ Submit an **IRA Completion Statement** (complete Sections A, B, C, D, E, G, H, I, J and K).

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

C. RELEASE OR THREAT OF RELEASE CONDITIONS THAT WARRANT IRA:

Identify Media and Receptors Affected: (check all that apply) ☐ Air ☐ Groundwater ☐ Surface Water ☐ Sediments ☒ Soil
☐ Wetland ☐ Storm Drain ☐ Paved Surface ☐ Private Well ☐ Public Water Supply ☐ Zone 2 ☐ Residence
☐ School ☐ Unknown ☐ Other Specify: _____

Identify Conditions That Require IRA, Pursuant to 310 CMR 40.0412: (check all that apply) ☐ 2 Hour Reporting Condition(s)
☒ 72 Hour Reporting Condition(s) ☐ Substantial Release Migration ☐ Other Condition(s)
Describe: UST failed tank system testing

Identify Oils and Hazardous Materials Released: (check all that apply) ☒ Oils ☐ Chlorinated Solvents ☐ Heavy Metals
☐ Others Specify: _____

D. DESCRIPTION OF RESPONSE ACTIONS: (check all that apply)

☐ Assessment and/or Monitoring Only

☐ Excavation of Contaminated Soils

☐ Re-use, Recycling or Treatment

☐ On Site ☐ Off Site Est. Vol.: _____ cubic yards

Describe: _____

☐ Store ☐ On Site ☐ Off Site Est. Vol.: _____ cubic yards

☐ Landfill ☐ Cover ☐ Disposal Est. Vol.: _____ cubic yards

☒ Removal of Drums, Tanks or Containers

Describe: Removal of UST

☐ Deployment of Absorbent or Containment Materials

☐ Temporary Covers or Caps

☐ Bioremediation

☐ Soil Vapor Extraction

☐ Structure Venting System

☐ Product or NAPL Recovery

☐ Groundwater Treatment Systems

☐ Air Sparging

☐ Temporary Water Supplies

SECTION D IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

416

Release Tracking Number

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

1 - 13691

D. DESCRIPTION OF RESPONSE ACTIONS (continued):

- ☐ Removal of Other Contaminated Media
Specify Type and Volume: _____
- ☐ Temporary Evacuation or Relocation of Residents
- ☐ Other Response Actions Describe: _____
- ☐ Fencing and Sign Posting
- ☐ Check here if this IRA involves the use of Innovative Technologies (DEP is interested in using this information to aid in creating an Innovative Technologies Clearinghouse).
Describe Technologies: _____

E. TRANSPORT OF REMEDIATION WASTE: (if Remediation Waste has been sent to an off-site facility, answer the following questions)

Name of Facility: _____

Town and State: _____

Quantity of Remediation Waste Transported to Date: _____

F. IMMINENT HAZARD EVALUATION SUMMARY: (check one of the following)

- ☐ Based upon an evaluation, an Imminent Hazard exists in connection with this Release or Threat of Release.
- ☐ Based upon an evaluation, an Imminent Hazard does not exist in connection with this Release or Threat of Release.
- ☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release, and further assessment activities will be undertaken.
- ☐ Based upon an evaluation, it is unknown whether an Imminent Hazard exists in connection with this Release or Threat of Release. However, response actions will address those conditions that could pose an Imminent Hazard.

G. IRA COMPLETION STATEMENT:

- ☐ Check here if future response actions addressing this Release or Threat of Release will be conducted as part of the Response Actions planned for a Site that has already been Tier Classified under a different Release Tracking Number, or a Site that is identified on the Transition List as described in 310 CMR 40.0600 (i. e., a Transition Site, which includes Sites with approved Waivers). These additional response actions must occur according to the deadlines applicable to the earlier Release Tracking Number (i. e., Site ID Number).

State Release Tracking Number (i. e., Site ID Number) of Tier Classified Site or Transition Site: _____

If any Remediation Waste will be stored, treated, managed, recycled or reused at the site following submission of the IRA Completion Statement, you must submit either a Release Abatement Measure (RAM) Plan or a Phase IV Remedy Implementation Plan, along with the appropriate transmittal form, as an attachment to the IRA Completion Statement.

H. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that an **Immediate Response Action Plan** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Imminent Hazard Evaluation** is being submitted, this Imminent Hazard Evaluation was developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and the assessment activity(ies) undertaken to support this Imminent Hazard Evaluation complies(y) with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that an **Immediate Response Status Report** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

> if Section B of this form indicates that an **Immediate Response Action Completion Statement** or a **Request to Terminate an Active Remedial System and/or Terminate a Continuing Response Action(s) Taken to Address an Imminent Hazard** is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000 and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

SECTION H IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-105

416

Release Tracking Number

**IMMEDIATE RESPONSE ACTION (IRA) TRANSMITTAL
FORM**

Pursuant to 310 CMR 40.0424 - 40.0427 (Subpart D)

1 - 13691

H. LSP Opinion (continued):

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: Kevin C. Sheehan LSP #: 4813 Stamp:

Telephone: (413) 789-3530 Ext.: _____

FAX: (optional) _____

Signature: [Signature]

Date: 1/22/01



I. PERSON UNDERTAKING IRA:

Name of Organization: T Works Realty Group

Name of Contact: Robert Townsend Title: Owner

Street: 13 Southbridge Drive

City/Town: Agawam State: MA ZIP Code: 01001

Telephone: (413) 789-7794 Ext.: _____ FAX: (optional) _____

☐ Check here if there has been a change in the person undertaking the IRA.

J. RELATIONSHIP TO RELEASE OR THREAT OF RELEASE OF PERSON UNDERTAKING IRA: (check one)

☒ RP or PRP Specify: ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Undertaking IRA Specify Relationship: _____

K. CERTIFICATION OF PERSON UNDERTAKING IRA:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Owner

For: Robb Townsend Date: 1/26/2001
(print name of person or entity recorded in Section I)

Enter address of the person providing certification, if different from address recorded in Section I:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking 243

RELEASE NOTIFICATION & NOTIFICATION RETRACTION
FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart

1 - 13697

If assigned by DEP

A. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 115 Wayside Avenue

Location Aid:

City/Town: West Springfield

ZIP 01089-0000

B. THIS FORM IS BEING USED (check one)

- ☒ Submit a **Release Notification** (complete all sections of this form).
- ☐ Submit a **Retraction of a Previously Reported Notification** of a Release or Threat of Release (complete Sections A, B, E, F and G of this form). You **MUST** attach the supporting documentation required by 310 CMR 40.0335.



C. INFORMATION DESCRIBING THE RELEASE OR THREAT OF RELEASE (TOR):

Date and time you obtained knowledge of the Release or TOR. 11/20/00 Time: 3:00 Specify: ☐ AM ☒ PM

The date you obtained knowledge is always required. The time you obtained knowledge is not required if reporting only 120 Day Conditions.

IF KNOWN, record date and time release or TOR occurred. Time: Specify: ☐ AM ☐ PM

☒ Check here if you previously provided an Oral Notification to DEP (2 Hour and 72 Hour Reporting Conditions only).

Provide date and time of Oral Notification. 11/22/00 Time: 3:30 Specify: ☐ AM ☒ PM

Check all Notification Thresholds that apply to the Release or Threat of Release: (for more information see 310 CMR 40.0310 - 40.0315)

2 HOUR REPORTING CONDITIONS

- ☐ Sudden Release
- ☐ Threat of Sudden Release
- ☐ Oil Sheen on Surface Water
- ☐ Poses Imminent Hazard
- ☐ Could Pose Imminent Hazard
- ☐ Release Detected in Private Well
- ☐ Release to Storm Drain
- ☐ Sanitary Sewer Release (Imminent Hazard Only)

72 HOUR REPORTING CONDITIONS

- ☐ Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/2 Inch
- ☐ Underground Storage Tank (UST) Release
- ☒ Threat of UST Release
- ☐ Release to Groundwater near Water Supply
- ☐ Release to Groundwater near School or Residence

120 DAY REPORTING CONDITIONS

- ☐ Release of Hazardous Material(s) to Soil or Groundwater Exceeding Reportable Concentration(s)
- ☐ Release of Oil to Soil Exceeding Reportable Concentration(s) and Affecting More than 2 Cubic Yards
- ☐ Release of Oil to Groundwater Exceeding Reportable Concentration(s)
- ☐ Subsurface Non-Aqueous Phase Liquid (NAPL) Equal to or Greater than 1/8 Inch and Less than 1/2 Inch

List below the Oils or Hazardous Materials that exceed their Reportable Concentration or Reportable Quantity by the greatest amount. If necessary, attach a list of additional Oil and Hazardous Material substances subject to reporting.

Name and Quantities of Oils (O) and Hazardous Materials (HM)

O or HM Released	O HM (check one)	CAS # (if known)	Amount or Concentration	Units	Reportable Concentrations Exceeded, if Applicable (RCS-1, RCS-2, RCGW-1, RCGW-2)
Diesel Fuel	<input checked="" type="checkbox"/> <input type="checkbox"/>		>0.05	gallons/hr	
	<input type="checkbox"/> <input type="checkbox"/>				
	<input type="checkbox"/> <input type="checkbox"/>				

D. ADDITIONAL INVOLVED PARTIES:

- ☐ Check here if attaching names and addresses of owners of properties affected by the Release or Threat of Release, other than an owner who is submitting this Release Notification (required).
- ☐ Check here if attaching Licensed Site Professional (LSP) name and address (optional).

You may write in names and addresses on the bottom of the second page of this form.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-103

Release Tracking ²⁴³

RELEASE NOTIFICATION & NOTIFICATION RETRACTION
FORM Pursuant to 310 CMR 40.0335 and 310 CMR 40.0371 (Subpart C)

1 - 13697
If assigned by DEP

E. PERSON REQUIRED TO NOTIFY:

Name of Trailer Works Inc.
Name of Mr. Robert Townsend Title: _____
Street: 13 Southbridge Drive
City/Town: Agawam State: MA ZIP Code: 01001-0000
Telephone: 413-789-7794 Ext.: _____ FAX: _____

F. RELATIONSHIP OF PERSON REQUIRED TO NOTIFY TO RELEASE OR THREAT OF RELEASE: (check one)

- ☒ RP or PRP Specify ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____
☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
☐ Any Person Otherwise Required to Notify Specify _____

G. CERTIFICATION OF PERSON REQUIRED TO NOTIFY:

I, Robert Townsend, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

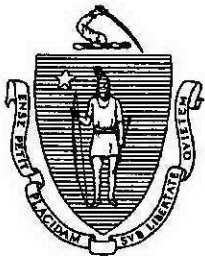
By: Robert Townsend Title: President
(signature)

For: _____ Date: 12/14/00
(print name of person or entity recorded in Section E)

Enter address of the person providing certification, if different from address recorded in Section E:

Street: _____
City/Town: _____ State: _____ ZIP Code: _____
Telephone: _____ Ext.: _____ FAX: _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
WESTERN REGIONAL OFFICE

FILE COPY

ARGEO PAUL CELLUCCI
Governor

JANE SWIFT
Lieutenant Governor

BOB DURAND
Secretary

LAUREN A. LISS
Commissioner

December 8, 2000

Trailer Works Incorporated
13 Southbridge Drive
Agawam, MA 01001

Attention: Robert Townsend

Re: West Springfield
115 Wayside Avenue
RTN#1-13697
**RELEASE NOTIFICATION and
NOTICE OF RESPONSIBILITY;**
**M.G.L. c.21E and
310 CMR 40.0000**

Dear Mr. Townsend:

On November 22, 2000, at 3:30 P.M., a representative of Environmental Compliance Services notified the Department on your behalf of a threat of a reportable release of diesel fuel at the above-referenced site. On November 20, 2000, a tightness test on the underground storage tank (UST) indicated that there is a substantial likelihood that a leak exists equal to or greater than 0.05 gallons per hour in the inner wall of a double wall of a 10,000 gallon steel UST. In addition to oral notification, 310 CMR 40.0333 further requires that a completed Release Notification Form (attached) be submitted to the Department within **60 calendar days** of the date of the oral notification.

The Department has reason to believe that the release/threat of release you have reported is or may be a disposal site as defined in the Massachusetts Contingency Plan, 310 CMR 40.0000 (the "MCP"). The Department also has reason to believe that you (as used in this letter "you" refers to the **Trailer Works Incorporated**) are a potentially responsible party (PRP with liability under Section 5A of M.G.L. c.21E). This liability is "strict", meaning that it is not based on fault, but solely on your status as owner, operator, generator, transporter, disposer or other person specified in said Section 5A. This liability is also "joint and several", meaning that you are liable for all response costs incurred at a disposal site even if there are other liable parties.

The Department encourages PRPs to take prompt and appropriate actions in response to releases and threats of release of oil and/or hazardous materials. By taking the necessary response actions, you may significantly lower your assessment and cleanup costs and/or avoid liability for costs incurred by the Department in taking such actions.

You may also avoid or reduce certain permit or annual compliance fees payable under 310 CMR 4.00. Please refer to M.G.L. c.21E for a complete description of potential liability. For your convenience, a summary of liability under M.G. L. c.21E is attached.

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

436 Dwight Street • Springfield, Massachusetts 01103 • FAX (413) 784-1149 • TDD (413) 746-6620 • Telephone (413) 784-1100



Printed on Recycled Paper

You are reminded that you were advised by the Department that the following response actions were approved as an Immediate Response Action (IRA):

The IRA consists of the immediate removal of the contents of the underground storage tank. It is understood that the UST will be excavated and disposed of sometime in the spring of 2001.

Specific approval is required from the Department for the implementation of all IRAs with the exception of assessment activities, the construction of a fence and/or posting of signs. Additional submittals are necessary with regard to this notification including, but not limited to the filing of an IRA Completion Statement and/or Response Action Outcome (RAO) statement. The MCP requires that a fee of \$750.00 be submitted to the Department when an RAO statement is filed greater than 120 days from the date of initial notification. Kevin Sheehan of Environmental Compliance Services is the LSP-of-Record for this release.

If you have any questions relative to this notice, you should contact **John S. Bourcier** at the letterhead address or (413) 755-2112. All future communications regarding this release must reference the Release Tracking Number (RTN) contained in the subject block of this letter.

Sincerely,



David A. Slowick
Section Chief
Emergency Response

P:/13697.doc

Certified Mail #7000 0600 0026 1472 9967

copy: West Springfield
Fire Department
Health Department
Mayor's Office
Kevin Sheehan/Mark Haynes- Environmental Compliance Services

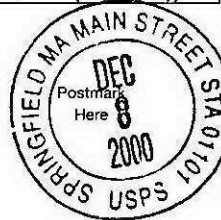
Attachments: Release Notification Form; BWSC-003 and Instructions
Summary of Liability under M.G.L. c.21E

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0026 1472 9967

BWSE WEST SPAD 1-13692

Postage	\$ 55
Certified Fee	140
Return Receipt Fee (Endorsement Required)	125
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 320



Recipient Mr Robert Townsend
Street, Ap Trailer Works Incorporated
 13 Southbridge Drive
City, State Agawam MA 01001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Robert Townsend
Trailer Works Incorporated
13 Southbridge Drive
Agawam MA 01001

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

12/18/01

C. Signature


☒ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes -☐ No

Box 506
Agawam, MA 01001

3. Service type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0026 1477 9917 3050 WEST SPFLD 1-13697

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-101

Release Tracking Number

0-13697

RELEASE LOG FORM

A. LOG INFORMATION:

Log Date: 11/22/00
Log Time: 3:30

TYPE OF CALL (check one):

☒ Release or TOR
☐ Complaint ☐ Inquiry

Check one:

☐ AM ☒ PM

Use of Form:
(check one)

☒ Initial Office
☐ Boston
☐ Amended

CALLER (check one):

☐ PRP
☐ Public Safety Official
☐ Other Government Agency
☐ Citizen
☐ Anonymous
☒ LSP or PRP Agent
☐ Other Person:

DISPOSITION OF CALL (check the one most applicable disposition below):

If selecting one of the two following options, assign a Release Tracking Number (RTN) in the space provided above:

☒ Reportable Release or Threat of Release
☐ Release or Threat of Release Less Than Reporting Threshold

Select one of the two following options only if an RTN was previously assigned:

☐ Release Notification Retraction (with BWSC-103 only)
☐ Not a 21E Release

If selecting any option below, do not assign an RTN:

☐ Release or Threat of Release Exempt from Reporting Requirements (not referred)

☐ Report Referred to Other Agency or Division

☐ Referred To:

☐ No Action Taken

Reporting Person:

Telephone: 789-3530 Ext.:

Organization: ECS

B. RELEASE OR THREAT OF RELEASE LOCATION:

Street: 115 Weymouth Avenue

Location Aid: former Commercial Disposal

City/Town: West Springfield

Adequately Regulated Status:

Fee Status:

Type of Location (check all that apply): ☒ Commercial ☐ Industrial ☐ Residential ☐ School ☐ Municipal ☐ State
☐ Federal ☐ Right of Way ☐ Roadway ☐ Water Body ☐ Open Space ☐ Other:

Release Tracking Number of Associated Transition or Tier Classified Site, if any:

C. RELEASE OR THREAT OF RELEASE (TOR) INFORMATION:

Notification Date, if different from log date:

"One Year" Status Date, if not one year after notification date:

Date and time reporting person obtained knowledge of the Release or TOR. Date: 11/20/00 Time: 3:00 AM ☒ PM

IF KNOWN, record date and time Release or TOR occurred. Date: Time: AM PM

Check all conditions that apply to the Release or Threat of Release:

2 HOUR REPORTING CONDITIONS

☐ Sudden Release
☐ Threat of Sudden Release
☐ Oil Sheen on Surface Water
☐ Poses Imminent Hazard
☐ Could Pose Imminent Hazard
☐ Release Detected in Private Well
☐ Release to Storm Drain
☐ Sanitary Sewer Release (Imminent Hazard Only)

72 HOUR REPORTING CONDITIONS

☐ Subsurface NAPL = or > 1/2 Inch
☐ UST Release
☒ Threat of UST Release
☐ Release to Groundwater near Water Supply
☐ Release to Groundwater near School or Residence

120 DAY REPORTING CONDITIONS

☐ Release of HM(s) to Soil or Groundwater > RC(s)
☐ Release of Oil to Soil > RC(s) and Affecting > 2 Cubic Yards
☐ Release of Oil to Groundwater > RC(s)
☐ Subsurface NAPL = or > 1/8 Inch and < 1/2 Inch
☐ Check here if Substantial Release Migration exists in connection with 120 Day Reporting Conditions

Source of Release or TOR (check all that apply):

☒ UST ☐ Pipe/Hose/Line ☐ AST ☐ Drums ☐ Transformer ☐ Boat

☐ Tanker Truck ☐ Vehicle ☐ Unknown ☐ Other Specify:

Federal LUST Eligible? Yes No ☒ Unknown

SECTION C IS CONTINUED ON THE NEXT PAGE.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-101

Release Tracking Number

/ -

RELEASE LOG FORM

C. RELEASE OR THREAT OF RELEASE (TOR) INFORMATION: (continued)

Type of Release or TOR (check all that apply): Leak Spill Rupture Dumping Tank Removal Overfill
Vehicle Accident ☒ Test Failure Fire Threat Only Unknown Other Specify:
Identify Media and Receptors Affected: (check all that apply) Air Groundwater Surface Water Sediments Soil
Wetlands Storm Drain Paved Surface Private Well Public Water Supply Zone 2 Residence
School ☒ Unknown Other Specify:
O or HM Released (check one) CAS # (if known) Amount or Conc. Units RCs Exceeded?
diesel fuel ☒ O ☐ HM >.05 gal/hour

Description of Release or Threat of Release:

TANK test failure of >.05 gal/hour
on inner wall of double wall 10K tank.
the outside of the UST was tested + did not leak

D. PRP INFORMATION:

PRP Unknown ☒ PRP Performing Response Actions Check here if additional involved parties are listed on an RLFA.
PRP Unwilling or Unable to Perform Response Actions. Who is? DEP Other Person Who:
Name of PRP Organization: Trailerworks Incorporated
Name of PRP Contact: Robb Townsend Title:
Street: 13 Southbridge Drive Check here if this PRP received a field NOR.
City/Town: Agawam State: MA ZIP Code: 01001
Telephone: 789-7794 Ext.: FAX:

E. CONTRACTOR:

Contractor Name: ECS Telephone: 789-3530 Ext.:
Name of Contact: Mark Haynes Check here if this is a State Contractor.

F. LSP:

LSP Name: Kevin Sheehan ECS LSP Number:
Telephone: 789-3530 Ext.: FAX:

G. MCP RESPONSE ACTIONS: (check any that apply)

IRA Assessment Only ☒ IRA Oral Plan Approved* IRA Oral Plan Denied ☒ to remove the UST
Oral RAM Plan Approved* Oral RAM Plan Denied Notice of Intent to Conduct a URAM
Date of Action, if different from Log Date: * Provide details of approved plans on an RLFA.
Check here if soil was removed from the site prior to notification. Check here if the soil was removed as part of an UST closure.
Quantity of soil previously removed and destination:

H. DEP ASSIGNMENT:

RNF Submittal Requested: No ☒ Yes From Who:
Provisions of 21E Explained: Yes ☒ No Why Not: consultant reporting
Prepared By: John Bourcier Regional Use:
Signature: John Bourcier Number of RLFA Pages Attached:
Staff Lead Assigned (if different from Preparer): Check here if Release or TOR is unassigned.